

CLAIMS ONLY							Application Number <div style="font-family: cursive; font-size: 1.2em;">05434521</div>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
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Total Indep			5								
Total Depend			16								
Total Claims			21								